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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/US 03/23306	
International Application No.	
(23.07.03) 23 JUL 2003	
International Filing Date	
PCT INTERNATIONAL APPLICATION RO/US	
Name of receiving Office and "Patent Office" (if desired)	
Applicant's or agent's file reference (if desired) (12 characters maximum)	LUD-5739-PCT

Box No. I TITLE OF INVENTION	
ISOLATED, SSX-2 AND SSX-2 RELATED PEPTIDES USEFUL AS HLA BINDERS AND CTL EPITOPES, AND USES THEREOF	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
LUDWIG INSTITUTE FOR CANCER RESEARCH 605 THIRD AVENUE NEW YORK, NEW YORK 10158 U.S.A.	
State (that is, country) of nationality: CH	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
TORREY PINES INSTITUTE FOR MOLECULAR STUDIES TPIMS / Mixture Sciences Inc. 3550 General Atomics Ct. San Diego, CA 92121 U.S.A.	
This person is: <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (i.e. country) of nationality: US	State (i.e. country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
HANSON, NORMAN D. FULBRIGHT & JAWORSKI L.L.P. 666 FIFTH AVENUE NEW YORK, NEW YORK U.S.A. ▲ 10103	
Telephone No. (212) 318-3168	
Facsimile No. (212) 318-3400	
Teleprinter No.	
Agent's registration No. with the Office 30,946	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) VALMORI, DANILA Rue de l'Industrie, 5 CH-1005 LAUSANNE, SWITZERLAND	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: IT	State (that is, country) of residence: CH
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) AYYOUB, MAHA 600 Columbus Ave., Apt. 13A New York, New York 10024 U.S.A.	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: JO	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PINILLA, CLEMENCIA 1656 Freda Ln. Cardiff by the Sea, CA 92007 U.S.A.	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) (This section is blank in the original image)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No. V **DESIGNATION OF STATES** *Mark the applicable check-boxes; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** **European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> GE Georgia | | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GH Ghana | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GM Gambia | | <input checked="" type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐ ☐ ☐

Supplemental Box *If the Supplemental Box is not used, this sheet should not be included in the request.*

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

	Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
			national application: country or Member of WTO	regional application:* regional Office	international application receiving Office
item (1)	31 July 2002 (31/07/02)	60/400,076	US		
item (2)					
item (3)					
item (4)					
item (5)					

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items
 ☒ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)).

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code maybe used):

ISA /US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING				
<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 17</p> <p>claims : 2</p> <p>abstract : 1</p> <p>drawings : _____</p> <p>Sub-total number of sheets : 25</p> <p>sequence listings : _____</p> <p>tables related thereto : _____</p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : 25</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listings:</p> <p><input type="checkbox"/> tables related thereto:</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) <i>(mark the applicable check-boxes below and indicate in right column the number of each item)</i>:</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> original separate not signed power of attorney</p> <p>3. <input type="checkbox"/> original general power of attorney</p> <p>4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:</p> <p>5. <input type="checkbox"/> statement explaining lack of signature</p> <p>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>7. <input type="checkbox"/> translation of international application into <i>(language)</i>:</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganisms or other biological material</p> <p>9. <input type="checkbox"/> sequence listing in computer readable form <i>(indicate type and number of carriers)</i></p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> <i>(only where check-box (b)(i) or (c)(i) is marked in left column)</i> additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings part mentioned in left column</p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listings <i>(indicate type and number of carriers)</i></p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quarter) only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> <i>(only where check-box (b)(ii) or (c)(ii) is marked in left column)</i> additional copies including where applicable, the copy for the purposes of international search under Section 802 (b-quarter)</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</p> <p>11. other (specify): CHECK</p>	<p>Number of items</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Figure of the drawings which should accompany the abstract: 0 </td> <td style="width: 50%; border: none;"> Language of filing of the international application: English </td> </tr> </table>			Figure of the drawings which should accompany the abstract: 0	Language of filing of the international application: English
Figure of the drawings which should accompany the abstract: 0	Language of filing of the international application: English			
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> <div style="text-align: center; margin-top: 20px;"> </div> <p style="text-align: center;">NORMAN D. HANSON</p>				
<p>Reg. No. 30,946</p> <p>(23.07.03)</p>				

For receiving Office use only	
<p>1. Date of actual receipt of the purported international application:</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <p>5. International Searching Authority (if two or more are competent): ISA / US</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">UT20 Rec'd PCT/PTO 23 JUL 2003</p> <p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p> <p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.</p>

For International Bureau use only
<p>Date of receipt of the record copy by the International Bureau:</p>

GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s) :

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

LUDWIG INSTITUTE FOR CANCER RESEARCH
 605 Third Avenue
 New York, New York 10158
 US

hereby appoint(s) the following person as:

☒ agent☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Norman D. Hanson
 Fulbright & Jaworski LLP
 666 Fifth Avenue
 New York, New York 10103
 US

to represent the undersigned before

☒ all the competent International Authorities☒ the International Searching Authority only☒ the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office

RO/US

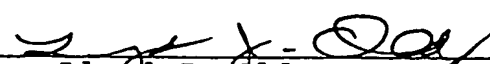
as receiving Office

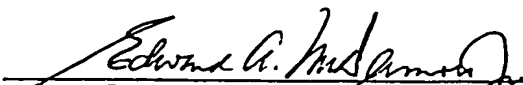
and to make or receive payments on behalf of the undersigned.

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):

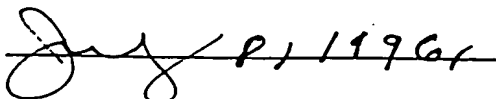
LUDWIG INSTITUTE FOR CANCER RESEARCH

BY


 Lloyd J. Old
 Chief-Executive Officer


 Edward A. McDermott, Jr.
 President

Date:


 July 1, 1996